

**FEDERAL PROJECT REVIEW (FPR)  
INSTRUCTIONS**

The Federal Project Review Form (FPR) provides the Office of State Budget (OSB) with programmatic and financial information on each Federal project included as anticipated revenue in the agency's Detail Budget.

A separate form for each Federal project should be used. You may find the form on our website at <http://www.budget.sc.gov/OSB-grant-services.phtm>.

**SECTION A**

**GENERAL INFORMATION**

- |   |   |
|---|---|
| <u>Fiscal Year</u>  | Enter fiscal year.  |
| 1. <u>Project Number</u>                                  | Use most recently issued Statewide Accounting and Reporting System (STARS) project number assigned by OSB following notification of project award. Contact OSB if no project number has been assigned.  |
| 2. <u>Project Award Amount</u>                            | Total amount of Federal funding for project.  |
| 3. <u>Project Funding Cycle</u><br><u>Year 'x' of 'x'</u> | Current year of multi-year project where funding may be reasonably expected to continue (i.e., Year 1 of 3).  |
| 4. <u>Projects Anticipated</u>                            | If not receiving Federal funding, check box and return to OSB.  |
| 5. <u>Agency Information</u>                              | Agency name, name of primary organizational unit undertaking project, name and telephone number of person who can provide programmatic details about project, and name and phone number of person capable of answering questions on budgetary details of project. |
| 6. <u>Project Title</u>                                   | Brief title for project (similar to Detail Revenue Statement from Detail Budget).   |
| 7. <u>Type of Assistance</u>                              | Check appropriate box.  |
| <u>Formula Grant</u>                                      | Allocation to agency, based on distribution formula (i.e., demographic data) prescribed by law or regulation, for activities of continuing nature.  |
| <u>Block Grant</u>  | Formula grants designated as a block grant at Federal level, generally characterized by transfer of responsibility to State and increased flexibility in use of funds.  |
| <u>Project Grant</u>                                      | Funding for specific project or delivery of specific services for fixed period of time. Generally characterized by competitive applicant process.   |
| <u>Fee for Service</u>                                    | Contractual agreement in which a pre-established amount is received for providing a specific unit of service.   |
| <u>Other:</u>   | Use only if none of the above is applicable and identify.   |
| 8. <u>CFDA Number</u>                                     | Catalog of Federal Domestic Assistance (CFDA) number. The CFDA number may appear on the award document. If not, contact the appropriate cognizant Federal agency.   |
| 9. <u>Funding Agency</u>                                  | Name of Federal agency where funds originated.  |
| 10. <u>Project Period</u>                                 | Beginning and ending dates of Federal funding cycle for project.  |

## **SECTION B**

### **1. Project Description**

Attach brief description of project to include:

- a) Description of services;
- b) Description of service providers and in what setting;
- c) Estimated number of clients to be served during State fiscal year;
- d) Areas of State where services are directly provided. If not statewide, identify specific subdivisions affected (i.e., county, school district, planning district, health district, etc.)
- e) List three to five (3-5) objectives of projects' quantifiable accomplishments.

### **2. Federal/State Laws**

Check appropriate box. If yes, explain what change will be.

### **3. Other Agencies**

Identify any State, local or regional agency and estimated amount of funding to be subgranted.

### **4. State Plan**

If yes, enter title and time period covered by State plan.

## **SECTION C**

### **1. Budget Plan**

Check appropriate box. Attach copy of request for additional State funds directly related to project (i.e., the result of a change in Federal funding or program requirements, or additional State funds needed to generate Federal increases).

### **2. Provisos**

Check appropriate box. If yes, provide proviso reference and check if continuation of proviso is recommended. If additional provisos recommended, attach, with explanation.

### **3. Cost Savings**

Check appropriate box. If yes, provide explanation of cost savings.

## **SECTION D**

## **FUNDING**

### **1. Source of Funds**

Amounts should reflect funding level agency intends to operate project during State fiscal year.

#### **Total**

Sum of (a), (b), and (c). Total should equal sum of Project Total (Section E) and Indirect Cost remitted to the General Fund (Section D-4).

#### **a) Federal**

Amount of Federal project funds budgeted by agency during State fiscal year.

#### **Phase codes**

Two (2) digit phase code for Federal funding from previous years and amount of funds for each phase code to be included in project for coming year.

#### **b) State Cash Match**

Estimated amount of General Fund revenue budgeted by agency as match for project. Amount should represent equivalent of State's commitment to Federal agency.

#### **c) Other Cash Match**

Estimated amount of Other funds budgeted during State fiscal year as match for Federal project. Identify specific revenue source.

#### **d) In-Kind**

In-kind is defined as value of non-cash contributions provided by agency (i.e., volunteer time/effort; use of space/equipment). Complete only if in-kind is identified on application to Federal grantor agency as project match. Describe in detail, type of in-kind contribution being claimed.

#### **e) Carry Forward**

Indicate amount and fiscal year of carry forward funds to be used for project.

2. Total Anticipated Grant Award Total amount of grant award expected to receive during state fiscal year. Amount should not be adjusted to reflect total expenditures during fiscal year, but should be anticipated amount of award based on Federal funding cycle. Total should be total of Project Total (Section E) and Indirect Cost (IDC) (Section D-4).
3. Effort/Cost Sharing Requirement Briefly state requirement(s) and cite governing Federal law/regulation.
4. Indirect Cost Total amount of indirect cost to be charged to project for remittance to General Fund during fiscal year. Enter applicable rate and identify base to which rate is applied. Do not include this amount in Section E.

## **SECTION E**

## **BUDGET**

Budget section identifies the total project funding distribution listed in Section D (excluding in-kind and indirect costs) across various agency programs on a State fiscal year basis. Program(s) should correspond to those identified as agency programs in Detail Budget. If project funds are budgeted in more than two programs, attach additional sheets.

- Program Name For each program that project funds will be used, identify program by name. (Use only major program heading, identified in Detail Budget., i.e., those identified by Roman numeral. Do not use subprograms.)
- Program Number For each program that project funds will be used, identify program by number. (Use only major program numbers, identified in Detail Budget.)
1. Personal Services Total number of positions and funding amount in corresponding columns for each classification.
    - Temporary Positions Defined as individual working one (1) year or less.
    - Temporary Grant Positions Non-FTE positions that perform work only for period of the project. Once project period ends the position(s) no longer exists. State funds may only be used if considered a match to Federal project.
    - Time-Limited Positions Non-FTE positions that perform work directly associated with time-limited project. Time-limited projects are specific work products or services provided by one state agency to another state agency, local government, or other public or private entity over specified time period as contractual arrangement.
  - 2-4. Budget Categories Amount of funding for each budget category by source of funds. When budgeting State and Other matching funds, include amounts committed to Federal agency as condition for receiving grant.
  5. Special Items List each special item separately.
  6. Employer Contributions Must be completed for any project that has funds listed in Personal Services. May include any anticipated pay adjustments (merit, Cost of Living (COLA), etc.).
  7. Program Total For each program, enter total (sum of 1-6) for all source of funds (Federal, State, or Other).
- Project Total Sum of **all program totals** (line 7). Amount should agree with Total Anticipated Grant Award (Section D-2), when Federal funds total and Indirect Cost to be remitted to General Fund (Section D-4) if applicable, are added.